


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000058537</b>	
1. Entity Name <b>EGAN CITRUS CO.</b>	

Principal Place of Business <b>1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946</b>	Mailing Address <b>1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946</b>
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02272008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-1730979</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CARNELL, RICHARD M JR 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000913738</b> <b>05/08/08-80028-010 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, GREGORY P 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GILET, JEAN J 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT EGAN, ROBERT W 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS CARNELL, RICHARD M JR 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>Richard M. Carnell, Jr., Sr. Vice President</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>03/10/08 772-489-7275</b>
	Date Daytime Phone #